FEC FORM 1

STATEMENT OF ORGANIZATION

FORM 1	(See in:	Office use only												
1. NAME OF COMMITTEE (in t	(Check if na is changed)		12FE4M5	1										
Midnight Sun	Political Action Committee	,												
	111111111													
ADDRESS (number and s	treet) 203 Maryland A	Avenue NE												
(Check if address is changed)	Washington		DC L	20002										
COMMITTEE'S E-MAI		CITY▲	STATE▲	ZIP CODE ▲										
COMMITTEE'S WEB	PAGE ADDRESS (URL)			'										
	11111111													
		1111111111												
COMMITTEE'S FAX N	UMBER													
بيا لينا														
2. DATE M M M M	/ D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y													
3. FEC IDENTIFICA	TION NUMBER	C C00345199												
4. IS THIS STATEM	ENT NEW (N)	OR X AMENDED (A	N)											
I certify that I have exami	ned this Statement and to the best of	f my knowledge and belief it is true, corr	ect and complete											
Type or Print Name of	Treasurer Ermalee Hi	ickel												
Signature of Treasurer	Electronically Filed by Erm	alee Hickel	Date 01 ^M	2 4 / 2 0 0 7										
NOTE: Submission of fal	•	ation may subject the person signing thi	·	f 2 U.S.C. S437g.										
Office Use Only		For further informa Federal Election Co Toll Free 800-424-9 Local 202-694-1100	mmission 530	FEC FORM 1 (Revised 02/2003)										

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5.	TYPE OF COMMITTEE (Check One)	
	(a) This committee is a principal campaign committee. (Complete the candidate information below.)	
	(b) This committee is an authorized committee, and is NOT a principal campaign committee. (Complete the cinformation below.)	candidate
	Name of Candidate	
	Candidate Office House Senate President	State District
	(c) This committee supports/opposes only one candidate, and is NOT an authorized committee.	
	Name of Candidate	
		Pemocratic, epublican,etc.) Party.
	(e) This committee is a separate segregated fund	
	(f) This committee supports/opposes more than one Federal candidate, and is NOT a separate segregated for committee.	und or party
6.	Name of Any Connected Organization or Affiliated Committee	
L	NONE	
l		
	Mailing Address	
		.
	CITY▲ STATE ▲	ZIP CODE A
	CITY	ZIP CODE A
	Relationship	
	Type of Connected Organization:	
	Corporation Corporation w/o Capital Stock Labor Organizat	tion
	Membership Organization Trade Association Cooperative	

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Write or Type Committee Name			
Midnight Sun Political Action	n Committee		
 Custodian of Records: Identify I possession of Committee books 		nber optional), and position of	the person in
Full Name			
Mailing Address			
Title or Position ♥	CITY A	STATE ≜	ZIP CODE A
		Telephone number	
name and address of any desig	nated agent (e.g., assistant tre	onal) of the treasurer of the commeasurer).	nittee; and the
of Treasurer Ermalee File Mailing Address	PO Box 751581		
	Washington		20013
Title or Position ♥	CITY A	STATE ▲	ZIP CODE A
Treasurer		Telephone number 202	544 _ 6655
Full Name of Designated Agent			
Mailing Address			
Title or Position ♥	CITY A		ZIP CODE A

	FEC Form	1 (Re	evised	02	/200	03)																							Pa	age	4		_
9.	safety deposit box	Banks or Other Depositories: List all banks or other depositories in which the committee deposits funds, holds accounts safety deposit boxes or maintains funds. Name of Bank, Depository, etc.															ınts	s, re	nts														
	Name of Bank, Do	eposit	ory, e	etc.																													
										1				L	1	L															L		_
	Mailing Address					Ш							L	L	1																		
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